

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014691 (6)

1. Corporation Name

ALBATROSS INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

1450 N.W. 82ND AVENUE
MIAMI FL 33126

1450 N.W. 82ND AVENUE
MIAMI FL 33126

3. Date Incorporated or Qualified 02/21/1995	3a. Date of Last Report N/A
4. FEI Number 65-0558017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4042 DOUGLAS RD. Suite, Apt. #, etc.	2a. Mailing Address 26 4042 DOUGLAS RD. Suite, Apt. #, etc.
22 City & State 23 COCONUT GROVE FL	27 City & State 28 COCONUT GROVE FL
24 Zip 33133	29 Zip 33133
25 Country U.S.A.	30 Country U.S.A.

9. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	AROCENA, FEDERICO A	12 NAME	AROCENA, FEDERICO A
STREET ADDRESS	1450 N.W. 82ND AVE.	13 STREET ADDRESS	4042 DOUGLAS RD.
CITY-ST-ZIP	MIAMI FL 33126	14 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D	2.1 TITLE	D
NAME	AROCENA, FEDERICO J	22 NAME	AROCENA, FEDERICO J
STREET ADDRESS	1450 N.W. 82ND AVE.	23 STREET ADDRESS	4042 DOUGLAS RD.
CITY-ST-ZIP	MIAMI FL 33126	24 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE		3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEDERICO A. AROCENA 03-06-96

Date

Daytime Phone #

CR2E034 (12/95)